

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702175 (1)

1. Corporation Name

ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.



Principal Place of Business

Mailing Address

5211 MANATEE AVE. W.
BRADENTON FL 34209

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BRADENTON FL 34209

3. Date Incorporated or Qualified
03/20/1961

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0816892

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROOMS, JOHN F.
5211 MANATEE AVE. W.
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	NAMACK, WILLIAM H. III	
STREET ADDRESS	1800 SECOND STREET SUITE 920	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SHEPPARD, RAY I.	
STREET ADDRESS	8715 SW 57TH STREET	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, LEONA	
STREET ADDRESS	5935 EAGLES NEST ROAD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNWOODY, LILLIE	
STREET ADDRESS	26 WEST 23RD ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BELLOCK, LINDA	
STREET ADDRESS	4949 SOUTHFORK DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KURRAS, RICHARD	
STREET ADDRESS	4711 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	SVD
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	DC
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	VD
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	JOSEPH ANELLO, M.D.
3.2 NAME	
3.3 STREET ADDRESS	3179 FOREST CIRCLE
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

(941)365-5996

Date

Daytime Phone #

CR2E037 (12/95)